| DEPAR | TMENT OF HEALTH | AND HUMAN SERVICES | /1 c=t | 1 3 N 1111 | PRINTEI FORM | D: 01/30/2014 MAPPROVED |
|--------------------------|---|---|---------------------|---|---------------------|----------------------------|
| STATEMEN | IT OF DEFICIENCIES | & MEDICAID SERVICES | 42 | <u> </u> | | D. 0938-0391 |
| AND PLAN | OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDI | TPLE CONSTRUCTION / NG 01 | (X3) DA | TE SURVEY MPLETED |
| NAME OF | PROVIDER OR SUPPLIER | 445502 | B, WING | · · · · · · · · · · · · · · · · · · · | 01 | 1/27/2014 |
| | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| CHRIST | | F RUTHERFORD COUNTY LLC | | 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167 | | |
| (X4) ID PREFIX TAG |) (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPROPRICE DEFICIENCY) | DBE | (X5) COMPLETION DATE |
| K 052 SS=E | | FETY CODE STANDARD | K 05 | 32 <u>K 052</u> | | |
| | installed, tested, and with NFPA 70 Natio 72. The system has and testing program | required for life safety is dimaintained in accordance nal Electrical Code and NFPA an approved maintenance complying with applicable PA 70 and 72. 9.6.1.4 | | Christian Care Center of Rutherford of believes its current practices were in compliance with the applicable standare, but in order to respond to this from the surveyors, the facility is take following additional actions: | dard of citation | |
| | | | | Corrective Actions for Targeted Area On 2/27/14, the contracted fire alarr company repaired the audible and vi alarm devices located in the 200 corr next to room 206. | n sible | |
| £ | Based on observation determined the facility | not met as evidenced by: ons and testing, it was ty failed to maintain the fire | | Identification of Other Areas with Poto be Affected | | |
| - | alarm system. The findings included Tacting of the fire all | | | On 2/24/14, the facility's contracted alarm company conducted an inspect the audible and visible alarm devices found no other areas were affected. | tion of | |
| | 11:25 AM, revealed t | arm system on 1/28/14 at the audible ahd visible alarm orridor next to room 206 was | | Systematic Changes | | - |
| | supervisor and acknowledge administrator during 1/28/14. | the exit conference on | 14.000 | The Maintenance Director will consult the contracted fire alarm company dutheir quarterly inspection on proper operation of the audible and visible aldevices and will record findings. | ıring | |
| SS=E | Required automatic s | ETY CODE STANDARD sprinkler systems are ned in reliable operating | K 062 | Monitoring The Maintenance Director will report | his | |
| | condition and are ins periodically. 19.7.6 25, 9.7.5 | pected and tested i, 4.6.12, NFPA 13, NFPA | Λ | findings quarterly to the Performance Improvement Committee for review a determine ongoing compliance. The | | • |
| BORATORY | DIRECTOR'S OR PROVIDE | R/SUPPLIER REPRESENTATIVES SIGN | Tark | / Administrator | | (X8) PATE / 14 |
| w doffalan | | 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | J J | | | <u> </u> |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the indititution may be excused from correcting providing it is determined that of the safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days cllowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 lays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

ORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 440421

Facility ID: TN7509

If continuation sheet Page 1 of 7

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

| | NT OF DEFICIENCIES | & WEDICAID SERVICES | | | OMB NO | O. 0938-039 |
|-----------------------------|--|--|---|--|--|------------------------|
| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 | | (X3) D/ | ATE SURVEY DMPLETED |
| | | 445502 | B. WING | | | 1/27/2014 |
| CHRIST (X4) ID PREFIX | SUMMARY STA (EACH DEFICIENCY | F RUTHERFORD COUNTY LLC TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL | ID PREFI | | ECTION | (X5) |
| TAG | NFPA 101 LIFE SAI A fire alarm system installed, tested, and with NFPA 70 Nation 72. The system has and testing program requirements of NFF | FETY CODE STANDARD required for life safety is a maintained in accordance nat Electrical Code and NFPA an approved maintenance complying with applicable | KO | CROSS-REFERENCED TO THE API DEFICIENCY) Performance Improvement Com | mittee rector of rsing, MDS rector, vices ekeeping/ tor. | 2/27/14 |
| K 062 1 SS=E | Based on observation determined the facility alarm system. The findings included Testing of the fire ala 11:25 AM, revealed the located in the 200 control working. This finding was verificated in the 200 control working. This finding was verificated in the 200 control working. This finding was verificated in the 200 control working the supervisor and acknowledge and acknowledge and the supervisor and acknowledge automatic special properties automatic special working and are inspected automatic and are inspected automatic and are inspecial and are inspected automatic autom | ons and testing, it was by failed to maintain the fire of failed to maintain the fire of failed to maintain the failed to mainta | K 06 | Christian Care Center of Rutherfo believes its current practices were compliance with the applicable st care, but in order to respond to the from the surveyors, the facility is following additional actions: Corrective Actions for Targeted All On 1/28/14, the contracted sprink company was contacted to replace sprinklers in the kitchen, sprinkler kitchen boiler room and resident records were located by the Admit for replacement of sprinkler gauge 1/30/14. The records indicated the sprinkler gauges were replaced on | e in andard of als citation taking the reas tler the six in the rooms | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 | | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|---|-----|---|-------------------------------|----------------------------|
| | | 445502 | B. WING | ; | | 047 | 27/2014 |
| | PROVIDER OR SUPPLIER AN CARE CENTER O | F RUTHERFORD COUNTY LLC | | 2 | TREET ADDRESS, CITY, STATE, ZIP CODE 02 ENON SPRINGS ROAD EAST MYRNA, TN 37167 | | <u> </u> |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | BE . | (X5) COMPLETION DATE |
| K 062 | Continued From pa | ge 1 . | K | 062 | Identification of Other Areas with Pote to be Affected | | |
| | This STANDARD is not met as evidenced by: Based on observations and records review, it was determined the facility failed to maintain the sprinkler system. The findings included: | | | | The Maintenance Director on 1/30/14 inspected sprinkler heads at the facility found no other areas had been affecte review of sprinkler system documentate by the Administrator and Maintenance Director on 2/21/14 revealed no other areas were affected. | | |
| | AM, revealed six co 2. Observation of the | ne kitchen on 1/28/14 at 10:16 rroded sprinklers. ne kitchen's boiler room on I, revealed a corroded | | | Systematic Changes The Maintenance Director will consult the contracted sprinkler company duritheir quarterly inspections on proper sprinkler head condition and will reconfindings. | ng | |
| - | 212 on 1/28/14 at 10 sprinklers in the batt 4. Records review of revealed the facility of documentation for the calibration of the sprinklers findings were | verified by the maintenance | | | Monitoring The Maintenance Director will report he findings quarterly to the Performance Improvement Committee for review and determine ongoing compliance. The Performance Improvement Committee consists of the Administrator, Director Nursing, Assistant Director of Nursing, | nd to | |
| SS=D | supervisor and ackn administrator during 1/28/14. NFPA 101 LIPE SAF Smoking regulations less than the followin (1) Smoking is prohil compartment where | owledged by the the exit conference on ETY CODE STANDARD are adopted and include no ng provisions: | ΚO | 66 | Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeepi Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist. | ing/ | 3/20/14 |

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 01/30/2014 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: . A. BUILDING 01 COMPLETED 445502 B. WING 01/27/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC SMYRNA, TN 37167 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 062 | Continued From page 1 K 062 This STANDARD is not met as evidenced by: Based on observations and records review, it was determined the facility failed to maintain the sprinkler system. The findings included:

Observation of the kitchen on 1/28/14 at 10:16 AM, revealed six corroded sprinklers.
 Observation of the kitchen's boiler room on 1/28/14 at 10:26 AM, revealed a corroded sprinkler.

3. Observation of resident rooms 207, 210, and 212 on 1/28/14 at 10:30 AM, revealed the sprinklers in the bathrooms were corroded.

4. Records review on 1/28/14 at 11:35 PM, revealed the facility was unable to provide documentation for the 5 year replacement or calibration of the sprinkler system gages.

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 1/28/14.

K 066 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D Smoking regulations are adopted and include no

less than the following provisions:

(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored K 066 | K

K 066

Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 | | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|---|-----|--|---------------------------------|----------------------------|
| | <u>.</u> | 445502 | B. WING | | · | 01/: | 27/2014 |
| | PROVIDER OR SUPPLIER AN CARE CENTER O | F RUTHERFORD COUNTY LLC | | 20 | TREET ADDRESS, CITY, STATE, ZIP CODE 02 ENON SPRINGS ROAD EAST MYRNA, TN 37167 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE | (X5) COMPLETION DATE |
| K 066 | and in any other ha area is posted with or with the internation (2) Smoking by patinesponsible is prohibited supervision. (3) Ashtrays of non design are provided permitted. (4) Metal containers devices into which are area. | zardous location, and such signs that read NO SMOKING onal symbol for no smoking. ients classified as not ibited, except when under combustible material and safe d in all areas where smoking is with self-closing cover ashtrays can be emptied are all areas where smoking is | , K | 066 | Corrective Actions for Targeted Area On 1/30/14, the Maintenance Director installed a metal container with self-cle cover device into which ashtrays can be emptied at the residents' designated smoking room, next to 300 nurses' stalentification of Other Areas with Pote to be Affected The Maintenance Director, on 1/28/14 inspected other designated smoking a and found no other areas were affected Systematic Changes The Maintenance Director will inspect designated smoking areas monthly to ensure proper placement of self-closin metal ash containers. | osing tion. ential , reas ed. | |
| | Based on observatifacility failed to common smoking regulation: The findings include Observation on 1/2 facility failed to proviself-closing cover discovered be emptied readily designated smoking 300 nurses station. This finding was ve supervisor and acknowledged. | ed: 8/14 at 11:20 PM, revealed the ride a metal container with evice into which ashtrays can available at the residents g room, located next to the rifled by the maintenance | | | Monitoring The Maintenance Director will report! findings monthly to the Performance Improvement Committee for review a determine ongoing compliance. The Performance Improvement Committee consists of the Administrator, Director Nursing, Assistant Director of Nursing, Coordinator, Medical Records Director Maintenance Director, Social Services Director, Dietary Manager, Housekeep Laundry Director, Activities Director, Business Office Manager, HR Manager Medical Director and Consultant Pharmacist. | nd to e f of MDS r oing/ | 1/30/14 |

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDI | TIPLE CONSTRUCTION ING 01 | | E SURVEY PLETED |
|--------------------------|---|--|------------------------|--|--|----------------------------|
| | | 445502 | B. WING | : | 01/: | 27/2014 |
| | PROVIDER OR SUPPLIER AN CARE CENTER O | F RUTHERFORD COUNTY LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167 | • | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | | LD BE | (X5) COMPLETION DATE |
| K 144 SS=F | Generators are ins | FETY CODE STANDARD pected weekly and exercised hinutes per month in FPA 99. 3.4.4.1. | К1 | Christian Care Center of Rutherford believes its current practices were compliance with the applicable states, but in order to respond to this from the surveyors, the facility is to following additional actions: Corrective Actions for Targeted Are | n Idard of Citation king the | |
| | Based on observa was determined the emergency general The findings includ Records review on no annual load ban 20kw and 40kw ge This finding was vesupervisor and ack | ed: 1/28/14 at 11:45 AM, revealed ak test were conducted on the nerators. erified by the maintenance | | On 2/6/14, the contracted generat service conducted the annual load tests on the 20kw and 40kw generations of Other Areas with I to be Affected A review of generator documentation the Maintenance Director and Administrator on 2/21/14 revealed areas were affected. Systematic Changes The Maintenance Director was inson 2/21/14 by the Administrator of testing and documentation for emgenerator per NFPA 99. Monitoring The Maintenance Director and the Administrator will monitor for committee for review determination of ongoing compliant Performance Improvement Committee for review determination of ongoing compliant performance Improvement Committee for maintenance Improvement Committenance Improvement Committee for maintenance Improvement Committ | or bank tors. otential on by no other erviced on proper ergency pliance. The ort once w and once. The | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 | | | | E SURVEY | |
|---|--|--|---|----|---|-----------------------------------|----------------------------|--|
| | · | 445502 | B. WING | | : | 01/ | 27/2014 | |
| | PROVIDER OR SUPPLIER AN CARE CENTER O | F RUTHERFORD COUNTY LLC | | 20 | TREET ADDRESS, CITY, STATE, ZIP CODE 02 ENON SPRINGS ROAD EAST MYRNA, TN 37167 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP | BE | (X5) COMPLETION DATE | |
| K 144 SS=F | Generators are ins | FETY CODE STANDARD pected weekly and exercised inutes per month in FPA 99. 3.4.4.1. | K 1 | | consists of the Administrator, Director Nursing, Assistant Director of Nursing Coordinator, Medical Records Director Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/Laundry Director, Acti Director, Business Office Manager, Honager, Medical Director and Cons Pharmacist. | g, MDS or, s vities R | 2/21/14 | |
| * | Based on observativas determined the emergency general The findings include Records review on no annual load ban 20kw and 40kw ger This finding was vesupervisor and ack | ed: 1/28/14 at 11:45 AM, revealed k test were conducted on the nerators. rified by the maintenance | · | | | | | |
| | • | | | · | | | • | |